## ANNUAL SUBRECIPIENT CONTRACT DETAIL BY PARENT

## FOR THE FISCAL YEAR ENDED 6/30/04

PARENT NAI	ME Mountain States Health	Parent Record #	1219					
	VENDOR NAME	REF DOC NUMBER	PAYEE NAME	ALLOT CODE	TRANS CODE	TYPE	EFFECT. DAT	EXPEND AMOUNT
	MOUNTAIN STATES HEALTH	GG0310356	MOUNTAIN STATES HEALTH	34352	103	D	9/25/2003	9,765.00
	Summ	eary for 'REF DOC NUMBER' = GG0310	356 (1 detail record)					
=						Total f	for GG0310356	9,765.00
	VENDOR NAME	REF DOC NUMBER	PAYEE NAME	ALLOT CODE	TRANS CODE	TYPE	EFFECT. DAT	EXPEND AMOUNT
	MOUNTAIN STATES HEALTH	GG0410369	JOHNSON COUNTY HEALTH	34352	103	D	11/4/2003	48,500.00
	Summ	eary for 'REF DOC NUMBER' = GG0410	369 (1 detail record)					
_						Total f	for GG0410369	48,500.00
	VENDOR NAME	REF DOC NUMBER	PAYEE NAME	ALLOT CODE	TRANS CODE	TYPE	EFFECT. DAT	EXPEND AMOUNT
	MOUNTAIN STATES HEALTH	GR0415670	MOUNTAIN STATES HEALTH	31865	103	D	3/22/2004	190,750.00
	MOUNTAIN STATES HEALTH	GR0415670	MOUNTAIN STATES HEALTH	31865	450	G	6/30/2004	190,750.00
	Summary for 'REF DOC NUMBER' = GR0415670 (2 detail records)							
		Total for GR0415670						
	VENDOR NAME	REF DOC NUMBER	PAYEE NAME	ALLOT CODE	TRANS CODE	TYPE	EFFECT. DAT	EXPEND AMOUNT
	MOUNTAIN STATES HEALTH	Z04019561	JOHNSON CITY MED CTR	34349	103	D	1/21/2004	274,400.00
	Summ	eary for 'REF DOC NUMBER' = Z040195	561 (1 detail record)					
						Total	for Z04019561	274,400.00

VENDOR NAME	REF DOC NUMBER	PAYEE NAME	ALLOT CODE	TRANS CODE	TYPE	EFFECT. DAT	EXPEND AMOUNT
MOUNTAIN STATES HEALTH	Z04019562	MOUNTAIN STATES HEALTH	34349	103	D	1/21/2004	34,000.00
Summary for 'REF DOC NUMBER' = Z04019562 (1 detail record)							
				Total for Z04019562		34,000.00	
					Total	101 2040 13302	0.,000.00
VENDOR NAME	REF DOC NUMBER	PAYEE NAME	ALLOT CODE	TRANS CODE		EFFECT. DAT	EXPEND AMOUNT
VENDOR NAME  MOUNTAIN STATES HEALTH	REF DOC NUMBER Z04019622	PAYEE NAME  MOUNTAIN STATES HEALTH	ALLOT CODE 34349	TRANS CODE			,
MOUNTAIN STATES HEALTH		MOUNTAIN STATES HEALTH			TYPE	EFFECT. DAT	EXPEND AMOUNT

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